Image# 10990736682

FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1	ORGANIZA	ATION		
1 011111 1	(See instruction	ons)		Office use only
NAME OF COMMITTEE (in fi	(Check if name is changed)	Example: If typying, type over the lines	12FE4M5	1 1
QinetiQ North	America, Inc. Political Action Co	ommittee (a.k.a. Qineti	9	
ADDRESS (number and st	7918 Jones Branch	Drive 	<u> </u>	
(Check if address	Suite 350		111111	
is changed)	McLean		L VA	22102
		CITY▲	STATE▲	ZIP CODE 📥
COMMITTEE'S E-MAIL	ADDRESS (Please provide only one e-	-mail address)		
(Check if address is changed)	zpacs@cox.net			
io silaligos)				
COMMITTEE'S WEB F (Check if address is changed)	PAGE ADDRESS (URL)	<del> </del>	1 1 1 1 1 1 1	
2. DATE 0 6	/ D D / Y Y Y Y Y Y Y 2010			
3. <b>FEC IDENTIFICA</b>	TION NUMBER	C C00383992		
4. IS THIS STATEM	ENT NEW (N) OR	X AMENDED (A	A)	
I certify that I have examin	ed this Statement and to the best of my kno	owledge and belief it is true, corr	ect and complete	
T 0::N (7	reasurer Deborah Fox			
Type or Print Name of T	reasurer <u>Bosoran Fox</u>			
Signature of Treasurer	Electronically Filed by <b>Deborah</b>	Fox	Date 06	10 / 2010
NOTE: Submission of fals	se, erroneous, or incomplete information ma			
Office		For further informa		
Use Only		Federal Election Co Toll Free 800-424-9	mmission	FEC FORM 1 (Revised 02/2009)

		FEC F	form 1 (Revised 02/2009)	Page <b>2</b>		
5.			DMMITTEE (Check One) committee:			
	(a)		This committee is a principal campaign committee. (Complete the candidate information below.)			
	(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Cominformation below.)	plete the candidate		
	Name Cand					
	Cand Party	lidate Affiliatio	Office Sought: House Senate President	State State District		
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.			
	Name Cand					
	Party	Comm		_		
	(d)		This committee is a (National, State (or subordinate) committee of the	(Democratic, Republican,etc.) Party.		
	Politi	cal Act	ion Committee (PAC):			
	(e)	X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor	nnected organization is a:		
			X Corporation Corporation w/o Capital Stock	Labor Organization		
			Membership Organization Trade Association	Cooperative		
	(f)		X In addition, this committee is a Lobbyist/Registrant PAC.			
	(1)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segr committee. (i.e., nonconnected committee)	egated fund or party		
			In addition, this committee is a Lobbyist/Registrant PAC.			
			In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)			
_	loint l	int Fundraising Representative:				
				b		
	(g)	Ш	This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, at least one of which is an authorized committee of a federal candidate			
	(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, none of which is an authorized committee of a federal candidate.	two or more political		
		Comi	mittees Participating in Joint Fundraiser			
			1. FEC ID number			
			2. FEC ID number			
			3. FEC ID number			
			4.   FEC ID number			

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W	rite or Type Committee Name			
	QinetiQ North America,	Inc. Political Action Committee (a.k	a. QinetiQ PAC)	
6.	Name of Any Connected Org	anization, Affiliated Committee, Joint Fund	Iraising Representative, or Lea	dership PAC Sponsor
ı	QinetiQ North America, I	nc.		
1				
	Mailing Address	7918 Jones Branch Drive	<b>)</b> 	
	Maining / Address	Suite 350		
		McLean	<b></b>	22102
		CITY	STATE A	ZIP CODE
	Relationship:			
	X Connected Organization	Affiliated Committee Join	t Fundraising Representative	Leadership PAC Sponsor
7.	possession of Committee	1. Shute	optional), and position of	the person in
	Mailing Address	7845 Midday Lane		
		Alexandria		22306
	Title or Position ▼	CITY A	STATE	ZIP CODE A
	Custodian	of Records	Telephone number	
8.		and address (phone number optional) designated agent (e.g., assistant treason here.		mittee; and the
	Mailing Address	7918 Jones Branch Driv	e	
	Ç	Suite 350		
		McLean		22102
	Title or Position ♥	CITY A	STATE <b>▲</b>	ZIP CODE A
	Treasurer		Telephone number 703	752 6519
			•	

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Full Name of Designated Agent	Scott Klein		
Mailing Address	7918 Jones Branch Drive		
	Suite 350		
	McLean	VA	22102 –
Title or Position ▼	CITY A	STATE A	ZIP CODE A
Assist	tant Treasurer Tele	phone number	
Banks or Other Depos safety deposit boxes or r Name of Bank, Deposito	maintains funds. ory, etc.	committee deposits funds, h	olds accounts, rents
safety deposit boxes or r Name of Bank, Deposito	maintains funds.	committee deposits funds, h	olds accounts, rents
safety deposit boxes or n Name of Bank, Deposito	maintains funds. ory, etc. /achovia Bank, N.A.	committee deposits funds, h	olds accounts, rents
safety deposit boxes or r Name of Bank, Deposito	maintains funds.  ory, etc.  /achovia Bank, N.A.  1970 Chain Bridge Road	committee deposits funds, h	olds accounts, rents
safety deposit boxes or r Name of Bank, Deposito	maintains funds.  ory, etc.  /achovia Bank, N.A.  1970 Chain Bridge Road  3rd Floor		
safety deposit boxes or r Name of Bank, Deposito	maintains funds.  ory, etc.  /achovia Bank, N.A.  1970 Chain Bridge Road  3rd Floor  McLean  CITY △		22102
safety deposit boxes or r Name of Bank, Deposito W Mailing Address	maintains funds.  ory, etc.  /achovia Bank, N.A.  1970 Chain Bridge Road  3rd Floor  McLean  CITY △		22102
safety deposit boxes or r Name of Bank, Deposito W Mailing Address	maintains funds.  ory, etc.  /achovia Bank, N.A.  1970 Chain Bridge Road  3rd Floor  McLean  CITY △		22102
safety deposit boxes or in Name of Bank, Depositor  Mailing Address  Name of Bank, Depositor	maintains funds.  ory, etc.  /achovia Bank, N.A.  1970 Chain Bridge Road  3rd Floor  McLean  CITY △		22102
safety deposit boxes or in Name of Bank, Depositor  Mailing Address  Name of Bank, Depositor	maintains funds.  ory, etc.  /achovia Bank, N.A.  1970 Chain Bridge Road  3rd Floor  McLean  CITY △		22102